

229 Stevens Lane Livingston, TX 77351

Phone: 936-566-4000 Fax: 936-566-5300

REDACTED - FOR PUBLIC INSPECTION

June 30, 2014

Ms. Marlene H. Dortch, Secretary Federal Communications Commission 445 12th Street, S.W. Washington, D.C. 20554

Re:

Connect America Fund, WC Docket No. 10-90, 47 CFR § 54.313 Annual Reporting Requirements for High-Cost Recipients (Form 481)

Dear Ms. Dortch:

Attached please find Lake Livingston Telephone Company's high-cost support recipient annual report pursuant to 47 CFR § 54.313 (Form 481).

Lake Livingston Telephone Company is filing certain financial information, reported pursuant to 47 CFR §54.313(f)(2), as confidential under the November 16, 2012 Protective Order (DA 12-1857). Pursuant to that Order, each page of this filing has been marked "REDACTED - FOR PUBLIC INSPECTION." The non-redacted version of this information has been marked "CONFIDENTIAL INFORMATION - SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, GN DOCKET NO. 09-51, CC DOCKET NOS. 01-92, 96-45,WT DOCKET NO. 10-208 BEFORE THE FEDERAL COMMUNICATIONS COMMISSION." As such, Lake Livingston Telephone Company requests that the non-redacted version of its submission be withheld from public inspection.

Lake Livingston Telephone Company is also requesting confidential treatment of certain information being filed pursuant to 47 CFR § 54.202(a)(1)(ii)and 54.313(a)(1) (five year service quality improvement plan) under 47 CFR § 0.457 and 0.459. The redacted version of this filing has been marked "REDACTED - FOR PUBLIC INSPECTION." The non-redacted version has been marked "CONFIDENTIAL - NOT FOR PUBLIC INSPECTION."

Pursuant to 47 CFR § 0.459, Lake Livingston Telephone Company offers the following in support of its request for confidential treatment of certain information.

- Identification of the specific information for which confidential treatment is sought: Lake Livingston Telephone Company seeks confidential treatment of the five year service quality improvement plan required per 47 CFR § 54.202(a)(1)(ii) and 54.313(a)(1),
- Identification of the Commission proceeding in which the information was submitted or a description
 of the circumstances giving rise to the submission: Lake Livingston Telephone Company is
 providing the five year service quality improvement plan as part of its annual high-cost support
 recipient report per 47 CFR § 54.313.
- Explanation of the degree to which the information is commercial or financial, or contains a trade secret or is privileged: Lake Livingston Telephone Company considers the information to be highly

sensitive in that it contains statements about the Company's future investment plans, and discusses specific equipment and strategies the Company will utilize to provide services.

- Explanation of the degree to which the information concerns a service that is subject to competition:
 Lake Livingston Telephone Company provides voice and broadband services that are in competition with various landline and wireless providers; thus, the investment data disclosed is related to services subject to competition to a high degree.
- Identification of any measures taken by the submitting party to prevent unauthorized disclosure:
 Lake Livingston Telephone Company makes the data being provided available only to employees, consultants, and attorneys on a limited, need-to-know basis.
- Identification of whether the information is available to the public and the extent of any previous disclosure of the information to third parties: The information is not publicly available.
- Justification of the period during which the submitting party asserts that material should not be
 available for public disclosure: Lake Livingston Telephone Company requests that the data provided
 be treated as confidential indefinitely. Due to the sensitive nature of the data, it would not be
 appropriate for public disclosure at any time in the foreseeable future.
- Any other information that the party seeking confidential treatment believes may be useful in assessing whether its request for confidential treatment should be granted: None.

Accordingly, Lake Livingston Telephone Company requests confidential treatment of the five year service quality improvement plan pursuant to section 0.457 and 0.459 of the Commission's rules.

The redacted version of this Form 481 submission will be filed via the Commission's Electronic Comment Filing System (ECFS) in the above-captioned docket.

If you have any questions about this filing, please contact the undersigned.

Sincerely, L. Custo

Attachment

cc: Charles Tyler

Telecommunications Access Policy Division Wireline Competition Bureau Federal Communications Commission 445 12th Street, S.W., Room 5-A452 Washington, DC 20554

FCC For	m 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3 July 2013	060-0986/OMB Control No. 3060-0819
<010>	Study Area Code	442104		
1 2 4 A 1 F	Study Area Name	LAKE LIVINGSTON TE	EL	
<020>	Program Year	2015		
<030>	Contact Name: Person USAC should contact with questions about this data	Terry Gentle		
<035>	Contact Telephone Number: Number of the person identified in data line <	9365664000 ext.		
<039>	Contact Email Address: Email of the person identified in data line <030)> tgentle@livingston	ı.net	
ATIMA	L REPORTING FOR ALL CARRIERS			54,313 54,422 Completion Completion
MNOA	LE REPORTING FOR ALL CARRIERS			(check box when complete)
<100>	Service Quality Improvement Reporting		(complete attached worksheet)	THE STATE OF THE S
	Outage Reporting (voice)		(complete attached worksheet)	
<210>		ox if no outages to report		· / ///////
<300>	Unfulfilled Service Requests (voice)	0		
<310>	Detail on Attempts (voice)			
			(attach descripth	ne document)
<320>	Unfulfilled Service Requests (broadband)	0		· 00000
	Zil Kasilik Isabi			Noncon
<330>	Detail on Attempts (broadband)		(attoch descript	ive document)
<400>	Number of Complaints per 1,000 customers (v	oice)		
<410>	Fixed 0.0			V 1 V
<420>	Mobile 0.0	0.00		
<430> <440>	Number of Complaints per 1,000 customers (b	roadband)		
<450>	Mobile 0.0			
<500>	Service Quality Standards & Consumer Protect 442104tx510.pdf	tion Rules Compliance	(check to indicate certification)	-
	442104CKS10.pdf		A CONTRACTOR OF THE PARTY OF TH	
<510>	10		(attoched descriptive document)	
<600>	Functionality in Emergency Situations		(check to indicate certification)	V V
	442104tx610.pdf			
			(attached descriptive document)	
<610>				
<700>	Company Price Offerings (voice)		(complete attached worksheet)	111111
<710>			(complete attached worksheet)	<i>y</i>
<800>	Operating Companies and Affiliates Tribal Land Offerings (Y/N)?	12	(complete attached worksheet)	7
	Voice Services Rate Comparability	0	if yes, complete attached worksheet) (check to indicate certification)	· 111111
	442104tx1010.pdf			A 20 20 20 20 20 20 20 20 20 20 20 20 20
<1010>			(attach descriptive document)	3000000
<1100>	Terrestrial Backhaul (Y/N)?	1	(if not, check to indicate certification)	100000
<1110>			(complete attached worksheet)	
	Terms and Condition for Lifeline Customers		(complete attached worksheet)	THE PARTY OF THE P
	Price Cap Carriers, Proceed to Price Cap Additi	ional Documentation Worl	ksheet	
>30VV-	Including Rate-of-Return Carriers affiliated w	ith Price Cap Local Exchang		2000000
<2000> <2005>			(check to indicate certification) (complete attached worksheet)	
	Rate of Return Carriers, Proceed to ROR Addit	ional Documentation Wor		
<3000>			(check to indicate certification)	
<3005>			(complete attached worksheet)	

Jata Co	(100) Service Quality Improvement Reporting Data Collection Form	FCC Form 481 OMB Control July 2013	FLC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	442104	
<015>	Study Area Name	LAKE LIVINGSTON TEL	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Terry Gentle	
<032>	Contact Telephone Number - Number of person identified in data line <030>	9365664000 ext.	
<680>	Contact Email Address - Email Address of person identified in data line <030>	tgentle@livingston.net	
<110>	Has your company received its ETC certification from the FCC?	(yes/na)	
<111>	If your answer to Line <110> is yes, do you have an existing \$54.202(a) "5 year plan" filed with the FCC?	(yes/no)	
	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.		
<112>	Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your company is a your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.	442104tx112.pdf	
	Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.		Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets	,	
414	Report how much universal service (USF) support was received How (USF) was used to improve service quality	,,	
<116>	How (USF)was used to improve service coverage	,	
<117>	How (USF) was used to improve service capacity Provide an explanation of network improvement targets not met	,	

Study Area Stude Acta Ac	Data Collection Form								Anr	OMB Control No. 30604 July 2013	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	la, 3060-
Study Area Name	<010> Study Area (Code				442104						
Contact Name Person Uside Chief tregarding this data Teach General Contact Name Person Uside Chief tregarding this data Person General Contact Name Person Uside Chief of the line G350 2935664000 e.e.t.	0.00	Name				LAKE LIVING	STON TEL					
Contact Name - Person USAs should contact regarding this data Contact Name - Person USAs should contact regarding this data Contact Telephone Mumber - Number of person Identified in data line 43395	91	ar				2015						
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Contact Email Address of person Identified In data line 4C3D Eqent Late Live Acts and Address of person Identified In data line 4C3D Eqent Late Live Acts and Acts an		ephone Number	- Number of pe	rson Identified	in data line <0		ext.					
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Affected Diet Time Date Time Customers Affected Total Number of Customers Affected Customers Affected Customers Customers (Yes./ No) all that apply) (Yes./ No) Resolution Resolution Resolution Class Customers Custome		< b 1	 	\$	< b 4>	<tb>400</tb>	<62>	\$	\$	\$	\$	\$
	NORS Reference Number		Outage Start Time		Outage End Time	Number of Customers Affected		911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures

Page 3

<010>							Jul	July 2013	July 2013
<0.15>	Study Area Code	de			442104				
- American	Study Area Name	ıme			LAKE LIVINGSTON TEL	GSTON TEL			
<020>	1.00				2015				
<030>	100	Contact Name - Person USAC should contact regarding this data	contact regardii	ng this data	Terry Gentle	le			
<032>	17.7	Contact Telephone Number - Number of person Identified in data line <030>	er of person Iden	tiffed in data line		sxt.			
<620>		Contact Email Address - Email Address of person identified in data line <030>	ss of person ider	ntified in data line	131	tgentle@livingston.net			
<701>		Residential Local Service Charge Effective Date Single State-wide Residential Local Service Charge	ervice Charge	17	1/1/2014				
<703>	45	<a.>></a.>	<83>	4	49	6 3>	\$₩	450	9
		Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
	State of the state	Exchange (ILEC)	SAC(GEC)	Rate Type	Service Rate	See attached worksheet		Service Charge	Total per line Rates and Fees

	Data Collection Form						OMB Cont July 2013	trol No. 3060-0986/	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code			442104					
<015>	Study Area Name			LAKE LIVINGSTON TEL	N TEL				
<020>	Program Year			2015					
<030>	Contact Name - Person US	Contact Name - Person USAC should contact regarding this data	this data	Terry Gentle					
<032>	Contact Telephone Numbe	Contact Telephone Number - Number of person identified in data line	ied in data line <030>	9365664000 ext.	(J e din				
<039>	Contact Email Address - Er	Contact Email Address - Email Address of person identified in data line <030>	fled in data line <030>	tgentle@livingston.net	ston.net				
<117>	da>	QB	<40>	Ф2>	9	<41>>	<zp></zp>	<43>	<4pp>
7	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Alfowance Action Taken When Umit Reached (select)
				See attached	peu				
				worksheet					

4010> Study Area Code 4015> Study Area Name 4020> Program Year 4030> Contact Name - Person USAC should contact regarding this data 4030> Contact Telephone Number - Number of person identified in data line 4030> 4030> Contact Email Address - Email Address of person identified in data line 4030> 4030> Contact Email Address - Email Address of person identified in data line 4030> 4030> Contact Email Address - Email Address of person identified in data line 4030> 4030> Contact Email Address - Email Address of person identified in data line 4030> 4030> Contact Email Address - Email Address of person identified in data line 4030> 4030> Contact Email Address - Email Address of person identified in data line 4030> 4030> Address - Email Address - Email Address of person identified in data line 4030> 4030> Contact Email Address - Email Address - Email Address of person identified in data line 4030> 4030> Address - Email Add	12XE LIVINGSTON TEL 2015 Terry Gentle 10> 9365564000 ext. 30> tgentle@livingston.net ca2>	July 2013 July 2013 <a><a><a><a><a><a><a><a><a><a><a><a><a><
4010> 400> 40	442104 LAKE LIVINGSTON TEL 2015 Terry Gentle 936564000 ext. tgentle@livingston.n	<a3> Doing Business As Company or Brand Designation</a3>
4020 4030 4030 4030 4030 4030 4030 4030	LAKE LIVINGSTON TEL 2015 Terry Gentle 9365664000 ext. tgentle@livingston.ne	<a3> Doing Business As Company or Brand Designation</a3>
4020 4030 4035 4115 4813 4813 4813 4813 4813 4813 4813 4813	Terry Gentle 9365664000 ext. tgentle@livingston.n	<a3> Doing Business As Company or Brand Designation</a3>
4030> 4035> 4810> 4810> 4813>	Terry Gentle 9365664000 ext. tgentle@livingston.nt	<a3> Doing Business As Company or Brand Designation</a3>
4035- 4039- 4013-	9365664000 ext. tgentle@livingston.n	<a3> Doing Business As Company or Brand Designation</a3>
4810 4810 4813 4813 4813 4813 4813 4813 4813 4813	tgentle@livingston.n	<a3> Doing Business As Company or Brand Designation</a3>
<810> Reporting Carrier <811> Holding Company <812> Operating Company <813>	<a2></a2>	<a3> Doing Business As Company or Brand Designation</a3>
<812> Operating Company <813>	<a2></a2>	<a3> Doing Business As Company or Brand Designation</a3>
<812> Operating Company <813>	<a2></a2>	<a3> Doing Business As Company or Brand Designation</a3>
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(900) Tr Data Co	(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	-0819
<010>	Study Area Code	442104	
<015>		LAKE LIVINGSTON TEL	
<020>		2015	
<030>	Contact Name - Person USAC should contact regarding this data	Terry Gentle	
<035>	Contact Telephone Number - Number of person identified in data line <030>	30> 9365664000 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	30> tgentle@livingston.net	
<910>	Tribal Land(s) on which ETC Serves		i.
<920>	<920> Tribal Government Engagement Obligation		
		Name of Attached Document	
ff your to confidemon § 54.31 (921) (922) (925) (925) (925) (926) (926) (926) (926) (926) (929)	If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(g) includes: COMMUNITY and deployment planning with a focus on Tribal community and sustainability planning; COMMUNITY and sustainability planning; COMPIGENCES In a culturally sensitive manner; COMPIGENCES IN A culturally sensitive manner; COMPIGENCES WITH Rights of way processes COMPIGENCES WITH Eaclittes Siting rules COMPIGENCES WITH Cultural Preservation review processes COMPIGENCES WITH Tribal Business and Licensing requirements.	Select (Yes,No, NA)	

(1200) T Lifeline	(1200) Terms and Condition for Lifeline Customers Lifeline	FCC Form 481 OMB Control No. 3060-098	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Co	Data Collection Form	July 2013	
<010>	Study Area Code	442104	
<015>	Study Area Name	LAKE LIVINGSTON TEL	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Terry Gentle	
<032>	Contact Telephone Number - Number of person identified in data line <030>	Ü	
<039>	Contact Email Address - Email Address of person identified in data line <030>	ne <030> tgentle@livingston.net	
<1210>	<1210> Terms & Conditions of Voice Telephony Lifeline Plans		
		Name of Attached Document	
<1220>	· Link to Public Website	HTTP https://www.puc.texas.gov/consumer/lowincome/Aasistance.aspx	
"Please or the w § 54.42: annually	"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:	10,	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,		
<1222>	Details on the number of minutes provided as part of the plan,		
<1223>	Additional charges for toll calls, and rates for each such plan.		

ta Colle	lata Collection Form schuling Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	OMB Centrol Ne. 3060-091	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	442104	
<015>	Study Area Name	LAKE LIVINGSTON TEL	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Terry Gentle	
<035>	Contact Telephone Number - Number of person identified in data line <030>	9365664000 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	tgentle@livingston.net	
	support as set forth in 47 CFR § 54.313(b),(c),(d),(d),	support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.	
O0100	Incremental Connect America Phase I reporting 2nd Year Certification (47 CR 6 54.313(h)(1))		
<2017>	3rd Year Certification {47 CFR § 54.313(b)(2)}		
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	2013 Frozen Support Certification		
<2013>	2014 Frozen Support Certification		
<2014>	2015 Frozen Support Certification		
<2015>	2016 and future Frozen Support Certification		
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))		
<2016>	Certification Support Used to Build Broadband		
	Connect America Phase II Reporting (47 CFR § 54.313(e))		
<2017>	3rd year Broadband Service Certification	Į	
<2018>	5th year Broadband Service Certification	I	
<2019>	Interim Progress Certification		
<2020>	Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	line 2021, contains the required information shall provide the number, names, and ng access to broadband service in the	
<2021>	Interim Progress Community Anchor Institutions		
		Name of Attached Document Listing Required Information	

Control Cont	8 8	(3000) Rake Of Return Carrier Additional Documentation Data Collection Form	PCC Form 481 DMB Control No. 3060-0985/OMB Control No. 3050-0819 July 2013
Construction to the other label design to the control of the contr	8 8 8		442104 LAKE LIVINGSTON TEL 2015
The board bloom to note complement on the branch contribution and the branch section of the branch beld action, coming on the presence on the branch of the branch bloom to the branch	886		Terry Gentle 9365664000 ext. tgentle@livingston.net
Progress Raport on 5 Year Plan Milestone Certification (47 CFR § 54,313(f)(1)(8) Pleass check this box to confirm that the at \$ 54,313 (f)(1)(M), the carrier shall provide in providing access to broadband service in the providing access to broadband service in the providing access to broadband service in the service of the service in	8	the boxes below to note compliance on its five year service quality plan (pursua CFR § 54.313(f)[2]. I further certify that the	nt to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 ne information reported on this form and in the documents attached below is accurate.
Please check this box to confirm that the at \$ 54.313 (f)(1/XII), the carrier shall provide in the providing access to broadband service in the providing access to broadband service in the providing access to broadband service in the strain shall be soon to be soon to company a Privately Held ROR Carrier (4) If yes, does your company tile the RIS annual reflacion these boxes to confirm that the attack (6) Telecommunications Borrowers) Document(5) for Balance Sheet, Income Si If the response is no on line 3014, attach your report and all required documentation If the response is no on line 3014, attach your report and all required documentation If the response is no on line 3014, attach your companion in the response is no on line 3018, please check confirm your submission, on line 3018, please check confirm your submission, on line 3018, please check to confirm your submission, on line 3018, please check to confirm your submission, on line 3018, please check to confirm your submission, on line 3018, please check to confirm your submission, on line 3018, please check to confirm. Copy of their financial statement which has been independent certified public accountant; or 2), formation tomparable to RUS Operating Report for Barrowers. Underlying Information subjected to a review be public accountant. Underlying Information subjected to a review be public accountant. Document(8) for Balance Sheet, Income 3 Document(8) for Balance Sheet, Income 3	6		
Community Anchor Institutions (47 CFR § 54.3) is your company a Privately Held ROR Carrier (4 If yes, does your company file the RUS annual reheck these boxes to confirm that the attack Telecromrunications Borrowers) Document(s) for Balance Sheet, Income St If the response is yes on line 3014, styact your complift the response is yes on line 3014, is your complift the response is yes on line 3014, is your complift the response is yes on line 3018, please check confirm your submission, on line 3018, please check confirm your submission, on line 3026 pursuan Either a copy of their evaluates Sheet, Income St Management letter issued by the Independent If the response is no on line 3018, please check the confains: Copy of their financial statement which has been contains: Copy of their financial statement which has been contains. Copy of their financial statement which has been contains. Underfying information subjected to a review be public accountant. Underfying information subjected to a review be public accountant. Underfying information subjected to a review be public accountant. Underfying information subjected to a review be public accountant. Underfying information subjected to a review be public accountant.	=		Name of Attached Document Listing Required Information 10/12 contains the required Information pursuant to sesses of community anchor institutions to which began
is your company a Privately Held ROR Carrier (for Yes, does your company file the RUS annual racheck these boxes to confirm that the attack Electronic copy of their annual RUS reports (Optalecommunications Borrowers) Document(s) for Balance Sheet, Income Si fithe response is yes on line 3014, attach your report and all required documentation If the response is yes on line 3014, is your complication and all required documentation If the response is yes on line 3018, please checonfirm your submission, on line 3026 pursuant Either a copy of their audited for the independent if the response is no nilne 3018, please chect to confirm your submission, on line 3026 pursuant if the response is no nilne 3018, please chect to confirm your submission, on line 3026 pursuant independent certified public accountant; or 2) format comparable to RUS Operating Report for Borrowers. Underfying Information subjected to a review be public accountant. Oncurrent(s) for Balance Sheet, Income Shock the worksheet listing required informati	7		
check these boxes to confirm their the affact Electronic copy of their annual RUS reports (or Telecommunications Bornowers). Decomment(a) for Balance Sheet, Income St occurrent(a) for Balance Sheet, Income St if the response is yes on line 3014, is your comp if the response is yes on line 3014, is your comp if the response is yes on line 3014, is your comp if the response is yes on line 3018, please checonfirm your submission, on line 3018, please checonfirm your submission, on line 3018, please chect if the response is no on line 3018, please chect from your submission, on line 3026 pursuents from your submission, on line 3026 pursuents from the certified public accountant; or 2) from the comparable to RUS Operating Report to Benrowers. Underlying information subjected to a review be public accountant. Underlying information subjected to a review be public accountant. Underlying information subjected to a review be public accountant. Underlying information subjected to a review be public accountant. Underlying information subjected to a review be public accountant.	E =		Name of Attached Document Listing Required Information (Yes/No) (Yes/No) (Yes/No)
If the response is ves on line 3014, attach your company's RUS annual report and all required documentation Name of Attached Document Listing Required Information If the response is no on line 3014, je your company sudited? If the response is no on line 3015, jease check the boxes below to confirm your submission, on line 3015, please check the boxes below to confirm your submission, on line 3015, please check the boxes below to confirm your submission, on line 3015, please there is the boxes below to confirm your submission, on line 3015, press the the boxes below to confirm your submission, on line 3015, pursuant to \$5.4.315(f)(2), contains the firm of the submission, on line 3015, pursuant to \$5.4.315(f)(2), contains the submission, on line 3015, pursuant to \$5.4.315(f)(2), contains the submission, on line 3015, pursuant to \$5.4.315(f)(2), contains the submission, on line 3015, pursuant to \$5.4.315(f)(2), contains the submission, on line 3015, pursuant to \$5.4.315(f)(2), contains the submission, on line 3015, pursuant to \$5.4.315(f)(2), contains the submission of the su	8 6 E		7, contains the required information pursuant to § 54.313(t)(2) compliance requires:
If the response is no on line 3014, is your company audited? If the response is no on line 3014, is your company audited? If the response is no on line 3014, is your company audited? If the response is yes on line 3015, please cherk the boxes below to confirm your submission, on line 3015, please there there is such a statement of (2) a financial report in a format company's financial audit. If the response is no on line 3018, please there the boxes below to confirm your submission, on line 3018, please there the boxes below to confirm your submission, on line 3015 pursuant to \$5.4313ff(2). Copy of their financial statement which has been subject to review by an independent certified public accountant; Copy of their financial statement which has been subjected to a review by an independent certified public accountant. Underlying information subjected to a review by an independent certified public accountant. Underlying information subjected to an officer certification. Document(s) for Balance Sheet, Income Statement and Statement of Cash Flowe. Attach the worksheet listing required information Name of Attached Document Listing Required Information	2	if the response is yes on line 3014, attach your report and all required documentation	
Enther a copy or their audited inhancial statement; or (J.) a mhancial report in a format comparable to RUS Operating Report for Telecommunications Document(s) for Balanca Sheet, Income Statement and Statement of Cash Flows Management letter Issued by the Independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3028, please check the boxes below to confirm your submission, on line 3028, please check the boxes below to confains: Copy of their financial statement which has been subject to review by an independent certified public accountant or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, Underlying information subjected to a review by an independent certified public accountant Underlying information subjected to a review by an independent certified public accountant Attach the worksheet listing required information Name of Attached Document Listing Required Information	₹ 7		
Management letter issued by the Independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 5.4.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format companie to RUS Operating Report for Telecommunications Borrowers, Underlying information subjected to a review by an independent certified public accountant Underlying information subjected to an officer certification. Document(s) for Balance Sheet, income Statisment and Statement of Cash Flows Attach the worksheet listing required information Name of Attached Document Listing Required Information	2 5		
Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers. Underlying information subjected to a review by an independent certified public accountant Underlying information subjected to an officer certification. Document(s) for Balanca Shaet, Income Statement and Statement of Cast Attach the worksheet listing required information	7	Management letter issued by the independent if the response is no on line 3018, please thet to confirm your submission, on line 3026 purs contains:	
Underlying information subjected to a review by an independent certified public accountant Underlying information subjected to an officer certification. Document(s) for Balance Sheet, income Statement and Statement of Cas Attach the worksheet listing required information	2	Copy of their financial statement which has be independent certified public accountant; or 2] format comparable to RUS Operating Report fi Borrowers,	
Attach the worksheet listing required information	A 200		88h Hows 442104tx3026.pdf
	in.		Name of Attached Document Listing Required Information

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OM8 Control No. 3060-0986/OM8 Control No. 3060-0819 July 2013
	July 2013

<010>	Study Area Code	442104
<015>	Study Area Name	LAKE LIVINGSTON TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Terry Gentle
<035>	Contact Telephone Number - Number of person identified in data line <030>	9365664000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tgentle@livingston.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier:

Signature of Authorized Officer:

Date

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier:

Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
A SECTION AND A SECTION ASSESSMENT OF THE SECTION ASSESSMENT ASSESSMENT OF THE SECTION ASSESSMENT A	July 2013

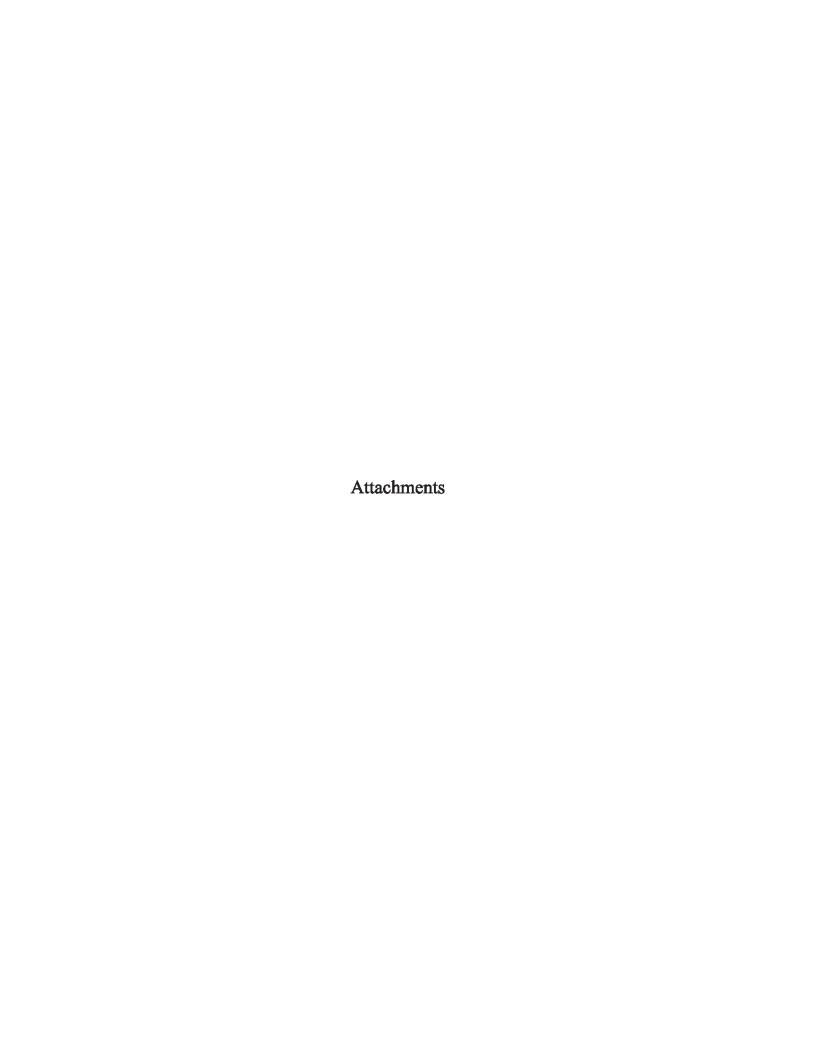
<010>	Study Area Code	442104
<015>	Study Area Name	LAKE LIVINGSTON TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Terry Centle
<035>	Contact Telephone Number - Number of person identified in data line <030>	9365664000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tgentle@livingston.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipier	is an benan of Reporting Carner
, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support r the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information	The state of the s
Name of Reporting Carrier: LAKE LIVINGSTON TEL	
Name of Authorized Agent or Employee of Agent: Josh Fondren	
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date: 06/26/2014
Printed name of Authorized Agent or Employee of Agent: Josh Fondren	
Title or position of Authorized Agent or Employee of Agent Consultant	
Telephone number of Authorized Agent or Employee of Agent: 9183769901 ext.	
Study Area Code of Reporting Carrier: 442104 Filling Due Date for this form: p7/p1/2	014



Data Coll	Data Collection Form						O of	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	8 Control No. 3060-0819
<010>	Study Area Code	Code			442104				
<015>	Study Area Name	Name			LAKE LIVINGSTON TEL	GSTON TEL			
<020>	Program Year	ar		#5	2015				
<030>	Contact Na	Contact Name - Person USAC should contact regarding this data	contact regardi	ng this data	Terry Gentle	le			
<035>	Contact Tel	Contact Telephone Number - Number of person Identified in data line <030>	r of person Ide	ntified in data line	:030> 9365664000 ext	ext.			
<039>	Contact Err	Contact Email Address - Email Address of person identified in data line <030>	s of person ide	ntified in data line	14	tgentle@livingston.net			
<701>	Residential Single State	Residential Local Service Charge Effective Date Single State-wide Residential Local Service Charge	ctive Date arvice Charge	17/2	1/1/2014				
	48	<92>	CB3	467	425	< 03	\$ 4 \$	\$	\$
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
	XX	Lake Livingston		PR STR	13.95	040	0.52	0.0	14.47

FCC Form 481	OMIS Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
(710) Broadband Price Offerings	Data Collection Form

<010>	Study Area Code	a Code			442104				
<015>	Study Area Name	Name .			LAKE LIVINGSTON TEL	N TEL			
<020>	Program Year	ear			2015				
<030>	Contact N.	Contact Name - Person USAC should contact regarding this data	ld contact regarding	this data	Terry Gentle				
<035>		Contact Telephone Number - Number of person identified in data line <030>	ber of person ident	fied in data line <030>	9365664000 Bxt.				
<039>	1000	Contact Email Address - Email Address of person identified in data line	ress of person ident	ified in data line <030>	> tgentle@livingston.net	ston.net			
<711>	Cat>	<a2></a2>	401>	 <	<1b> <4>>	<250>	<tp><<p><<p><<p><<p><<p><<p><<p><</p><</p></p></p></p></p></p></tp>		<dd><dd></dd></dd>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Broadband Service Usag Download Speed - Upload Speed (Mbps) (GB)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
	Ϋ́	Lake Livingston	25.95	96*0	26.91	0.512	0.768	1.0	Other, None
	XI	Lake Livingston	41.95	1.55	43.5	1,5	0.768	1.0	Other, None
	¥	Lake Livingston	69.95	2.58	72.53	3.0	0.768	1.0	Other, None
	TX	Lake Livingston	30.95	3.36	94.31	5.0	0.768	1.0	Other, None
									pa.
									, h.
		X							
									A. a.

Lake Livingston Telephone Company, Inc. (SAC 442104) Initial Five Year Service Quality Improvement Plan For the Calendar Years 2015-2019 Per 47 CFR § 54.313(a)(1) and 54.202(a)(1)(ii)

REDACTED IN ITS ENTIRETY

Lake Livingston Telephone Company, Inc. (SAC 442104) Initial Five Year Service Quality Improvement Plan For the Calendar Years 2015-2019 Per 47 CFR § 54.313(a)(1) and 54.202(a)(1)(ii)

REDACTED IN ITS ENTIRETY

Attachment File: 442104tx510.pdf

LAKE LIVINGSTON TELEPHONE COMPANY - SAC 442104

FCC Form - Program Year 2015

Line 510

<u>COMPLIANCE WITH SERVICE OUALITY STANDARDS AND CONSUMER PROTECTION</u> <u>RULES - \$54.313(a)(5)</u>

Lake Livingston Telephone Company ("Lake Livingston" or "the Company") complies with all applicable service quality standards and consumer protection rules as required by the Public Utility Commission of Texas ("PUC") and the Federal Communications Commission ("FCC").

The rates, terms and conditions under which the Company operates are identified in its Local Exchange Tariff, which is approved by the PUC. The Company's tariff contains provisions regarding its customer service and protection practices, including resolving customer disputes, applying for, refusing, disconnection and cancellation of service. Rates and terms of service are disclosed to customers upon application for service as part of a packet of information for new customers.

Service quality standards are established by the PUC and Lake Livingston consistently meets or exceeds those requirements. The Company provides quarterly reports to the Texas PUC pursuant to the commission's rules.

The protection of its customers' privacy and information is a constant part of Lake Livingston's quality of service. The Company has a policy and operating procedures that comply with the FCC's Customer Proprietary Network Information ("CPNI") rules (47 C.F.R 64.2001 – 64.2011). Certification of Lake Livingston's compliance with the FCC's CPNI rules is filed with the FCC annually.

Lake Livingston Telephone Company (SAC 442104)

Statement Regarding the Ability to Function in Emergency Situations 47 CFR § 54.313(a)(6) Form 481, Line 610

Lake Livingston Telephone Company (LLTC) is an incumbent local exchange carrier operating in the state of Texas, and is an eligible telecommunications carrier (ETC) designated by the Texas Public Utilities Commission (TPUC). As such, LLTC is subject to the regulatory authority of the TPUC and operates under the relevant rules and laws of the state of Texas.

LLTC is subject to TPUC rules regarding the ability to remain functional in emergency situations by (1) maintaining at least eight hours of backup power to ensure functionality without local alternating current (AC) commercial power, (2) establishing the ability to reroute traffic around damaged facilities and to manage traffic spikes resulting from emergency situations, and (3) establishing procedures for employees to follow in an emergency to prevent or minimize interruption or impairment of telecommunications services.

LLTC has 2 fixed generators at the Central Office. LLTC also has 6 portable generators capable of providing the required level of backup power, and that can be deployed as necessary to LLTC's switching and remote sites. LLTC's network is capable of rerouting traffic around damaged facilities, although this ability is not absolute and may be limited in certain circumstances. However, LLTC follows all industry standard practices in ensuring its network remains functional during different types of emergency situations.

Lake Livingston Telephone Company (SAC 442104)

Statement Regarding Voice Rate Comparability 47 C.F.R. § 54.313(a)(10) Form 481, Line 1010

Lake Livingston Telephone Company is a rural, rate of return regulated incumbent local exchange carrier operating in the state of Texas, and is an eligible telecommunications carrier (ETC) designated by the Texas Public Utilities Commission (TPUC). As such, Lake Livingston Telephone Company is subject to the regulatory authority of the TPUC and operates under the relevant rules and laws of the state of Texas.

Lake Livingston Telephone Company hereby certifies that the pricing of its voice services is no more than two standard deviations above the national average urban rate for voice service, \$46.96, as specified in the March 20, 2014 Public Notice issued by the Wireline Competition Bureau of the Federal Communications Commission.

Lake Livingston Telephone Company's residential voice service rates, including state fees and the federal subscriber line charge (SLC) are as follows.

Monthly rate for Lake Livingston exchange is \$20.97. Average monthly rate is \$20.97.